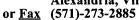
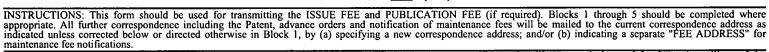
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE

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)4/20/2007 SSITHIB2 0	£)_	P	aul Teng	Reg.	No. 40,837	(Depositor's n	ame)			
01 FC:1501 1400.00 GP 300.00 GP			& TRADEMENT	A	fan Jen pril 16, 2	001		(Signa	ature) Date)	
APPLICATION NO. FILING DATE			FIRST NAMED INVEN		OR AT		RNEY DOCKET NO.	CONFIRMATION NO		
10/511,964 10/19/2004 Masahiro Takizawa 1141/73200 8470 TITLE OF INVENTION: MAGNETIC RESONANCE IMAGING DEVICE APPARATUS 1/20/2007 SSITHIB2 00000052 033125 10511964 FC:8001 15.00 DA										
APPLN. TYPE SMALL ENTITY		ISSUE FEE DUE	PUBLICATION FEE DUE		PREV. PAID ISSUE FEE		TOTAL FEE(S) DUE	DATE DUE	\neg	
nonprovisional	NO	\$1400	\$300		\$0		\$1700	05/02/2007		
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VAUGHN, MEGANN E		2859	324-307000		l					
1. Change of corresponder CFR 1.363). Change of correspo Address form PTO/SB/ "Fee Address" indic PTO/SB/47; Rev 03-02 Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.									
PLEASE NOTE: Unle recordation as set forth (A) NAME OF ASSIG Hitachi Me	ss an assignee is ident in 37 CFR 3.11. Comp NEE dical Corpora	THE PATENT (print or type) data will appear on the patent. If an assignee is identified below, the document has been filed for T a substitute for filing an assignment. (B) RESIDENCE: (CITY and STATE OR COUNTRY) Tokyo, Japan inted on the patent): Individual Corporation or other private group entity Government								
4a. The following fee(s) are submitted: Issue Fee Publication Fee (No small entity discount permitted) Advance Order - # of Copies 5			b. Payment of Fee(s): (Please first reapply any previously paid issue fee shown above) A check is enclosed. Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number 03-3125 (enclose an extra copy of this form).							
5. Change in Entity State a. Applicant claims	•	•	b. Applicant is no	long	ger claiming SMAI	LL ENT	ITY status. See 37 Cl	FR 1.27(g)(2).		
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Authorized Signature _	Date April 16, 2007									
Typed or printed name	Registration No. 40,837									
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